STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235584	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Argentine Care Center	9051 Silver Lake Road Linden, MI 48451

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents who consume food from the kitchen. Findings include:Resident 1 A review of Resident 1's medical record revealed an admission into the facility on 2/4/26 with diagnoses that included sepsis, diabetes, gastro-esophageal reflux disease, and chronic duodenal ulcer. A review of the Minimum Data Set assessment revealed a Brief Interview of Mental Status score of 12/15 that indicated moderate impaired cognition. On 3/24/26 at 11:08 AM, an interview was conducted with Resident 1, who answered questions and engaged in conversation. The Resident was laying on their bed in their room. When asked about any issues with the care received from the facility, the Resident reported issues with food services. The Resident reported poor taste of some of the foods, the way the food was cooked and the food not at a palatable temperature. The Resident stated, Half the time it's cold. The Resident reported items that came too cold were not enjoyable. The Resident reported eating in their room and that any of the meals might arrive too cold when it should be hot. When asked for examples, the Resident reported that for breakfast they get scrambled eggs often and the eggs were usually cold. The Resident reported occasionally they will get something else and stated, I got French toast, but it was cold too and the bacon was burnt, and reported the oatmeal does not come warm enough. On 3/25/26 at 2:03 PM, an observation was made of Resident 1 sitting in their room. The lunch meal remained in the room and was partially consumed. When asked how the temperature of the food was, the Resident reported, It was OK, could have been better. On 03/24/2026 at 8:50am conducted initial kitchen tour with Certified Dietary Manager (CDM) H. On 03/24/2026 at 9:13am the wiping cloth sanitizer bucket was tested with quat strips and the result was zero. During this observation, CDM H was interviewed on what range the quat sanitizer should be and stated, at least 200 and the bucket is changed out every 8 hours or as needed. According to the FDA 2022 Food Code, 3-304.14 Wiping Cloths, Use Limitation, Cloths in-use for wiping counters and other equipment surfaces shall be .Held between uses in a chemical sanitizer solution at a concentration specified under 4-501.114 and The sanitizing solution must be changed as needed to minimize the accumulation of organic material and sustain proper concentration. Proper sanitizer concentration should be ensured by checking the solution periodically with an appropriate chemical test kit. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 03/24/2026 at 9:32am observed yellow brownish residue on the interior walls of the ice machine located in the clean storage room. During this observation, CDM H was interviewed on how often the ice machine is cleaned and she said maintenance cleans the ice machine. On 03/24/2026 at 9:33am observed two coolers stored inside the clean storage room near the ice machine. The interior of the coolers had water pooling at the bottom and water droplets on the interior walls. Observed black splotches on the interior of one of the cooler lids. During this observation, CDM H was interviewed on what the coolers are used for, and she stated she wasn't really sure what the coolers are used for, but the coolers are ran through dishwasher in the kitchen for cleaning. According to the FDA 2022 Food Code, 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, Equipment food-contact surfaces and utensils shall be clean to sight and touch, the food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations, nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. According to the FDA 2022 Food Code, 4-901.11 Equipment and Utensils, Air-Drying Required, After cleaning and sanitizing, equipment, and utensils: Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions), before contact with food. On 03/24/2026 at 11:50am during lunch observation, cottage cheese was observed sitting on a food preparation table. The cottage cheese was temped at 47 degrees F using a thermometer probe. During this observation, CDM H was interviewed on what temperature the cottage cheese should be while cold holding, and she stated it should be below 41 degrees F. On 03/24/2026 at 11:51am observed several plates of food sitting on the food prep table behind the steam table, covered with lids. One of the plates held pizza and it was temped at 102 degrees F using a thermometer probe. Observed grilled cheese on a separate plate and it was temped at 83 degrees F. During this observation, [NAME] I was interviewed on why the pizza was sitting out on the table, and she stated they will put it in the microwave later to warm it up. CDM H was interviewed on what temperature food should be hot holding at and she stated 135 degrees F or above. On 03/24/2026 at 12:04pm observed a fly above the tray line. According to the FDA 2022 Food Code, 6-501.111 Controlling Pests, The premises shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the premises by .Routinely inspecting incoming shipments of food and supplies .Routinely inspecting the premises for evidence of pests .Using methods, if pests are found, such as trapping devices or other means of pest control . Eliminating harborage conditions. On 03/24/2026 at 12:05pm observed [NAME] I touch trash can lid after washing her hands to throw away a paper towel and then proceeded to glove hands before prepping food. According to the FDA 2022 Food Code, 2-301.14 When to Wash, Food employees shall clean their hands and exposed portions of their arms as specified under 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single -use articles and . After engaging in other activities that contaminate the (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	hands. On 03/24/2026 at 12:12pm observed an unlabeled spray bottle with a yellowish liquid inside the bottle, sitting on the windowsill above the food prep area. During this observation, CDM H was asked what was in the bottle and she said she didn't know and asked [NAME] I what was in the bottle, and neither of them knew what the liquid was. According to the FDA 2022 Food Code, 7-201.11 Separation, Poisonous or toxic materials shall be stored so they can not contaminate food, equipment, utensils, linens, and single-service and single-use articles by.Separating the poisonous or toxic materials by spacing or partitioning.Locating the poisonous or toxic materials in an area that is not above food, equipment, utensils, linens, and single-use articles. This paragraph does not apply to equipment and utensil cleaners and sanitizers that are stored in warewashing areas for availability and convenience if the materials are stored to prevent contamination of food, equipment, utensils, linens, and single-service and single-use articles. On 03/24/2026 at 12:18pm observed a tub of hamburger buns with cheese sitting on the prep table and the cheese was temped at 54 degrees F using a thermometer probe. On 03/24/2026 at 12:45pm interviewed CDM H on whether the facility had a policy on hot and cold holding, and she stated there wasn't a policy. According to the FDA 2022 Food Code, 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding, Except during preparation, cooking, or cooling, or when time is used as the public health control, time/temperature control for safety food shall be maintained: .at 5 degrees C (41 degrees F) or less. According to the 2022 FDA Food Code, 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding, Except during preparation, cooking, or cooling, or when time is used as the public health control . time/temperature control for safety food shall be maintained .at 57 degrees C (135 degrees F) or above. R17 According to a review of R17's medical record, the resident was admitted to the facility on [DATE] for skilled nursing care related to diagnoses including debility, heart failure, depression and chronic obstructive pulmonary disease (COPD). The Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 14/15 that indicated the resident had intact cognition. On 03/23/2026 at 10:15 AM, during an interview with R17 about food at the facility she stated The food is so-so; The temperature is usually off; Dinner is always cold when asked to clarify dinner was always cold R17 said it did not matter if she went to the dining room or ate in her room that her dinner was always cold. According to a record review of R17's care plan: Focus: I am at risk for an alteration in nutritional status r/t GERD, hypothyroidism, major depressive disorder, COPD, CHF and weight gain/edema with intervention: Honor my food preferences when (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	possible. According to the 2022 Food Code, 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding, Except during preparation, cooking, or cooling, or when time is used as the public health control, time/temperature control. for safety food shall be maintained . at 57 degrees C (135 degrees F) or above. Timely distribution is essential to ensure food and beverages are served at the proper temperature.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility 1) Failed to practice best infection control methods in soiled utility areas resulting in the potential to spread pathogens through the laundry process, affecting all residents and 2) Failed to have an active plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP).Findings include:On 03/24/2026 at 10:44am observed a hopper in the soiled utility room on the first floor. There are gloves and a face shield, but there were not any gowns in the soiled utility room. During this observation, Housekeeping Manager J was interviewed on what the hopper was used for and she stated it's used to rinse out bedpans and soiled linen. On 03/24/2026 at 10:47am observed a hopper in the soiled utility room on the second floor. There were gloves stored in the soiled utility room, but there weren't any gowns or face shields. On 03/24/2026 at 10:51am during the housekeeping tour, Housekeeping Manager J stated there are several bathtubs that are not being used in the facility and the tubs cause an odor, but they are flushed once a month. On 03/25/2026 at 11:33am reviewed the facility's water management plan for legionella and the water management plan is missing the following elements: a description of the water system using flow and text diagrams, where Legionella and other opportunistic waterborne pathogens can grow, and adequate control measures to prevent the growth and spread of legionella. The legionella folder given at the time of survey had multiple legionella test results dating from 2023, but there weren't any recent preventative measures taken in the past year. In addition, a legionella environmental assessment form was completed, but it is dated 2019 and there hasn't been a reassessment. On 03/24/2026 at approximately 1:20pm interviewed Maintenance Director K on whether the unused tubs were flushed, and he stated no. On 03/25/2026 at approximately 9:45am observed unused tubs located on the second floor in both bathrooms adjacent to the stairs and in bathroom in room [ROOM NUMBER]. The tub in room [ROOM NUMBER] did not turn on. On 03/25/2026 at 9:59am interviewed DON and Maintenance Director K on whether the facility had a water system flow or text diagram, a list of high-risk areas for legionella growth, or any other water management plan information that was not included in the folder given at the time of survey, and they stated no, and were unaware of the missing elements to the water management plan requirements. According to the Centers for Disease Control and Prevention, Controlling Legionella in Potable Water Systems dated January 3rd, 2025, Eliminate dead legs, which are sections of no- or low-water flow. According to the Centers for Disease Control and Prevention, Controlling Legionella in Potable Water Systems dated January 3rd, 2025, Flush low-flow piping runs and dead legs at least weekly. Flush infrequently used fixtures (e.g., eye wash stations, emergency showers) regularly as needed to maintain water quality parameters within control limits.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review, the facility failed to mitigate the presence of pests, maintain safe hot water temperatures, and ensure that appropriate backflow prevention was installed at plumbing fixtures, resulting in the potential for contamination to the water supply, affecting all residents. Findings include: On 03/24/2026 at 8:45am while entering the facility, observed an outside spigot with an attached hose and a spray nozzle downstream of a hose bib vacuum breaker. On 03/24/2026 at 9:25am observed a spigot with an attached hose and a spray nozzle downstream of a hose bib vacuum breaker in the basement. According to the State of Michigan 2008 Cross Connection Manual on atmospheric vacuum breakers, AVBs shall not be installed where they will be under continuous pressure for more than 12 hours (i.e. no downstream shutoff valve). On 03/24/2026 at 10:34am observed used paper towels and a cloth towel on the floor behind the whirlpool in the shower room on the first floor. During this observation, Housekeeping Manager J was asked how often the floors are cleaned and she stated they're cleaned every night. On 03/24/2026 at 10:35am observed several gnats flying around in the shower room on the first floor. During this observation, Housekeeping Manager J stated they don't know where the gnats are coming from and they've been having this issue during the winter season. On 03/24/2026 at 10:38am observed multiple used razors overflowing on top of the sharp's container dated 2/25/26 in the shower room. During this observation, Housekeeping Manager J stated the sharps container should be changed out every 30 days or whenever it's full, and that the date on the container was the last time it was changed out. On 03/24/2026 at approximately 1:00pm during the environmental tour with Maintenance Director K, he stated the boiler is set to 160 degrees and it's 140 degrees going out to the floor. On 03/24/2026 at 1:05pm reviewed hot water temp logs and on January 7th, 2026, hot water was temped at 153 degrees at the hand sink in the restorative. On January 17th, 2026, hot water was temped at 156 degrees at the hand sink in restorative. And on February 7th, 2026, hot water was temped at 157 degrees at the hand sink in restorative. During this observation, Maintenance Director K was asked what the range should be for hot water temperatures, and initially he stated he didn't know, but then he answered probably around 125-130 degrees. On 03/24/2026 at 1:10pm hot water was temped at 129 degrees F at the bathroom sink located in restorative. On 03/24/2026 at approximately 1:12pm hot water was temped at 136 degrees F at the hand sink in restorative. On 03/24/2026 at approximately 1:16pm interviewed Maintenance Director K on what is the corrective action when the hot water temperatures get too high, and he stated the next step should be to turn (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	down the hot water by adjusting the mixing valves. Then he was asked whether anything was done in response to the high hot water temperatures listed on the hot water temperature log, and he stated that not all of them were turned down and he wasn't sure which ones were corrected. On 03/25/2026 at 9:41am interviewed Maintenance Director K on the range of hot water temperatures and he stated hot water temperatures should be 115 degrees F or below. Pests in Resident Room On 3/25/26 at 12:21 PM, an observation was made in Resident 41's room. The Resident was not present in the room at the time. The observations were made with Nurse Consultant L of a kidney basin on the Residents overbed table that had candy inside partially covered with a soiled washcloth. There were fruit flies/gnats flying around the area of the dish and landing on the items in the kidney basin, on the wall, and the privacy curtain. Five flies were counted. The Nurse Consultant reported that staff would be made aware and taken care of the issue.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that residents were treated with dignity during incontinence care and that medications were administered in accordance with resident preferences affecting Resident #25 (R25) one of one resident reviewed for incontinence care, and Residents #25 (R25) and #39 (R39) two of two residents reviewed for medication administration preferences.Findings include: R25According to a review of R25's medical record, the resident was admitted to the facility on [DATE] for skilled nursing care related to diagnoses including below the knee (BKA) of the left lower extremity (LLE), Diabetes Mellitus type 2 and Polyneuropathy (nerve damage).The Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15/15 that indicated the resident had intact cognition; Section H. Bowel and bladder indicated R25 was occasionally incontinent.On 03/23/206 at 09:41 AM, During an interview with R25 he said that he did not feel that the night staff did not care, especially when they were agency staff. R25's said that he was incontinent mostly at night and that he wore briefs then and used a mattress pad to protect his bedding. R25 reported that he requested assistance because his brief and mattress pad were both soiled and he was told by the staff ?we can't be changing these pads all the time , we will run out' and that they placed a brief on him and he said it was very uncomfortable for him and it felt like a thong, when he asked for a different larger size he was told ?we ran out of bigger briefs'. It made him feel embarrassed. R25 said that night shift agency nurses were often late with his medications even when he asked to receive them on time.On 03/24/2026 at 02:10 PM during an interview with CNA B she was asked if she ever ran out of incontinence supplies or had complaints from residents, she said if we run out of items on the floor we usually have them in the big supply room in the basement, she said that she had heard of ?night shift not stocking the floor closet or going to the basement for supplies' but she did not have and issue with residents preferences on brief style or size.On 03/24/2026 at 02:12 PM during an interview with CNA C she escorted SA to the basement supply closet, there was ample supply of briefs in sizes from XS - 5XL available. CNAC said that some staff will be lazy and do not go to the basement or restock the supply closet, but they have the overflow of linens and supplies available if they wanted to.On 03/26/26 at 08:15 AM, during an interview with DON she was asked about any complaints from residents about staff, especially at night or agency staff, and she said she had to use agency more than she liked and that it usually was on the night shift. She said she has had complaints and that she had addressed them, she had the scheduler not allow some agency staff back at the facility to work due to complaints on night care. The DON did not specify when asked what the complaints were. The DON was asked about low supply of linens and/or briefs, and she said she has not had any complaints.On 03/26/26 at 09:37 AM, during an interview with Nurse A she was asked about medication pass process, she said after the resident is verified, the meds are pulled and marked as prepped in the system, the medications are given to the resident. Nurse A said that after the resident takes the medication it is then marked as complete. Nurse A said that if the resident is not available, refused etc. there was a drop down to mark why it was not given, she said you should put an additional comment in if you are late as to why. On 03/26/26 at 11:20 AM, during an interview with laundry staff F she was asked about stock of linens, she said they watch the supplies and order something new every month as needed, said last month they got more mattress pads and this month she would order more fitted sheets. She said that there was an overflow cart of clean linens available in the basement where the laundry room was and that staff had access to it even on off shifts and weekends. She said that the laundry staff checked and restocked the floor carts every 2-3 hours from 5 AM to 4 PM otherwise.A record review of R25's medication administration review's (MAR) for Jan revealed 8 PM medications charted over 2 hours late on 1st, 5th, 13th and 14th. February revealed 8 PM medications (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	charted over 1.5 to 2 hours late on 1st,3rd, 9th, 13th, 15th, 16th, 17th, 24th and 25th. March revealed 8 PM medications charted over 1.5 to 3 hours late on 1st,2nd, 3rd, 9th, 15th and 16th. R39According to a review of R39's medical record, the resident was admitted to the facility on [DATE] for skilled nursing care related to diagnoses including cellulitis of the left lower limb, dementia, need for assistance with personal care, colostomy, anxiety and depression. The Minimum Data Set (MDS assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 07/15 indicated the resident had severely impaired cognition.On 03/24/2026 at 10:48 AM, during an interview with R39 family member G she said that she felt the night shift was short staffed, and that on more than one occasion R39 had received her medications late on night shift and she preferred that R39 received medications timely due to her health concerns, she said that also made her wonder if other night care was lacking.A record review of R39's medication administration review (MAR) for Jan revealed 8 PM medications charted over 2 hours late on 5th, 13th,14th, 19th, 20th, 21st, 26th, 27th, 28th. February revealed 8 PM medications charted over 1 to 2 hours late on 2nd,3rd, 4th, 9th, 15th 16th, 17th, 24th and 25th. and March revealed 8 PM medications charted over 1 to 3 hours late on 1st,2nd, 3rd, 9th, 15th, 16th, 22nd, 23rd, and 25th.According to a Record review of the facilities policy titled Promoting/Maintain Resident Dignity indicated: policy; It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances residence quality of life by recognizing each resident's individuality. with Guidelines: 1. Staff members are involved in providing care to residents to promote and maintain resident dignity and respect residents rights. 4. The resident's former lifestyle and personal choices will be considered when providing care and services to meet the residents' needs and preferences. 5. When interacting with a resident, pay attention to the resident as an individual. 6. Respond to requested for assistance in a timely manner. 9. Groom and dress residents according to their preferences. 10. Speak respectfully to residents.According to a record review of the facilities medication administration policy: Policy: medications are administered by licensed nurses, or other staff who are legally authorized to do so in the state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. with Policy explanation . 3. identify resident by photo in the MAR; 10. Ensure that the six rights of med administration are followed: a. right resident; b. right drug; s. right dosage; d. right route; e. right time; f. right documentation.; 12. Compare medication . b. Administer within 60 minutes prior to or after the scheduled time unless otherwise ordered by physician .; 18. Observe the resident consumption of medication.; 20. Sign the MAR after administration .

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to document an assessment and monitor open areas on the foot and ensure medical records were accessible in the electronic medical record per professional standards of care for one Resident (41) of one reviewed for skin conditions non-pressure related.Findings include:Resident #41: On 3/24/26 at 10:03 AM, an interview was conducted with Resident 41 (R41) who answered questions and engaged in conversation. The Resident was lying in bed with the head of the bed elevated with a sheet covering her with feet and lower legs not covered by the cover. An observation was made of multiple blackened, scabbed area on her toes with feet and ankles swollen. The areas on the left foot were asked about, and the Resident reported the areas were turning black and did not know why. A review of Resident 41's medical record revealed an admission into the facility on 2/28/18 with readmission on [DATE] with diagnoses that included heart failure, obesity, Cellulitis of lower limb, anxiety and chronic obstructive pulmonary disease. A review of R41's care plan revealed a focus: Problem Start Date: 04/17/2020 I have hx (history) of open area on right shin and recurring cellulitis. I continue to pick the area. I also pick at my hands/arms. I can have fungal dermatitis/ulcers to toes on my BL (bilat) feet/ankles. I sometimes get Bollous Pemphigoids. A review of the electronic medical record revealed a lack of documentation of the wounds on the toes of R41. There were no orders for treatments to the wounds on the feet. On 3/25/26 at 1:22 PM, an interview was conducted with the Director of Nursing (DON) regarding blackened and scabbed areas on the Resident toes. The DON reported that the Resident will pick at their skin and that it was care planned that she does that. The DON was asked if the Resident was making wounds on her feet, where would the Nurses document assessments. Even though she was care planned, once wounds are present, should they be assessed, monitored and treated? The DON reported that there might be skin assessments but looking at the medical record on the computer, there were no recent skin assessments uploaded in the EMR. Last month's skin assessments were requested and the DON reported she would have someone look for them and indicated Medical Records might have them. On 3/25/26 at 1:24 PM, an interview was conducted with Medical Records/Business Office Staff (MR) E regarding the head to toe skin assessments/shower sheets for R41. MR E reported multiple areas where the documentation might be located. An observation was made with the staff of an area by the door, she indicated when the DON was done with them, they go in that area. The Staff reported that they had to be scanned in and uploaded into the medical record. Office Staff N was also in the room and reported she would get them scanned in and the papers requested may not be uploaded yet in the medical record. The Staff started to review scanned in documents and indicated it might take a while to find them, or they could be in a pile of papers to the right of the Staff. MR E reported also having papers that she would look through that were in another area of the office. One document titled Weekly Head to Toe Skin Checks dated 3/6/26 was located for R41. The Medical Records/Office staff indicated getting records into the EMR was an issue and they would continue to look for other Weekly Head to Toe Skin Checks for R41. On 3/25/26 at 1:53 PM, the DON was interviewed regarding R41's wounds to the toes and the lack of documentation in the medical record. The DON reported that they were in the process of setting up to document wounds in the electronic medical record (EMR), but it had not been started, and paper documents were made for wound assessments. The DON was asked for recent wound assessments for the feet. The Resident was not available for an observation of their feet. Documentation of the Weekly Head to Toe Skin Checks that were found included dated documents for 2/24, 3/3, 3/6, 3/13, and 3/17. The dated 3/13/26 revealed, Skin Intact area that was not marked as yes or no, but had a description that revealed, open area on coccyx/between thighs and right foot. The diagram had the left foot circled. At 2:55 PM, the DON was asked about the assessment for the open area on the foot and which foot was it, a review of the medical record revealed no documentation of the assessment or treatment of the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235584	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Argentine Care Center	9051 Silver Lake Road Linden, MI 48451

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	open area on the foot. The DON reported not doing an assessment herself and indicated that the Nurse Practitioner (NP) might have addressed the wounds of the foot, and the NP comes on Tuesdays and sees the Resident about every other week. The EMR was reviewed and had NP notes of being seen/date of service, dated 10/21/2025 that had been attached on 3/24/26. Two other notes were dated for service provided on 10/7/25 and 9/30/25 which both of those NP notes were attached into the EMR on 3/25/26. The DON was asked if the From Date was the date of service and the Attached Date was when the documents were uploaded, the DON indicated that was correct. When asked if the NP had seen the toes, had an assessment or plan for treatment, the DON reported she would have to find the notes and stated, They would still need to be uploaded into the computer system. When asked if they were readily available, the DON stated, I would have to look for them. It was reviewed with the DON of the concern of not having practitioner notes readily available to review, and with notes from 9/30/25 not uploaded until 3/25/26. The DON stated, I know, it's an issue, and discussed a backload of documents that needed to be scanned into the electronic medical record. On 3/26/26 at 12:30 PM, a review of the paper documents of Wound Evaluation revealed a lack of documentation of the open areas of the foot that had been identified on the Weekly Skin assessment dated [DATE]. A review of the NP M paper notes for a visit on 3/24/26 revealed, Nursing Home Visit: .She has a history of picking at her scabs and toes when bored, leading to bleeding. This occurs both when she is in bed and on the floorboard, and she sometimes kicks her feet, exacerbating the issue. The Assessment & Plan did not document further assessment of the wounds on the feet or a plan for treatment. An observation was made with the DON of Resident 41 with scabbed areas on the toes of her left foot. The DON reported they were keeping them open to air and there was not a treatment for the toes. A review of the facility policy titled, Wound Care revealed, Purpose: The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Documentation: The following information should be recorded in the resident's medical record: 1. The date and time the wound care was given. 3. Any change in the resident's condition. 4. All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound. 5. Any problems or complaints made by the resident related to the procedure. A review of the facility policy titled, Documentation in Medical Record, revealed, Policy: Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. Policy Explanation and Compliance Guidelines: .8. Paper documentation shall be scanned into the medical record and uploaded in a timely manner.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235584	A. Building B. Wing	03/26/2026

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview and record review the facility failed to store nebulizer equipment in a sanitary manner for one resident (Resident 41) of two residents reviewed for respiratory care.Findings include:Resident #41:On 3/24/26 at 10:00 AM, an interview was conducted with Resident 41 (R41) regarding the care received at the facility. The Resident answered questions and engaged in conversation. An observation was made of nebulizer equipment (medical equipment used to administer medication into the respiratory system by turning liquid medication into a mist) stored in a clear plastic bag hanging on the bedside table. The nebulizer was assembled and the medication chamber was moist with droplets. When asked when they had the last breathing treatment, the Resident reported having a treatment yesterday and explained not using it very often. On 3/25/26 at 12:21 PM, an observation was made with Nurse Consultant L of R41's room. The nebulizer equipment was stored inside a bag that hung from the bedside table. The nebulizer apparatus was assembled together, and moisture could be seen within the medication chamber of the nebulizer equipment. On 3/26/25 an interview was conducted with the Director of Nursing (DON) regarding facility policy on the storage of the nebulizer equipment. The DON reported that the nebulizer should be rinsed out after use and set out to air dry prior to storage in the bag. The DON reported that the Resident rarely had breathing treatments administered. A review of the facility policy titled, Nebulizer Therapy, revealed, .Care of the Equipment: 1. Clean after each use. 3. Disassemble parts after every treatment. 4. Rinse the nebulizer cup and mouthpiece with sterile or distilled water. 5. Shake off excess water. 6. Air dry on an absorbent towel. 7. Once completely dry, store the nebulizer cup and the mouthpiece in a zip lock bag.